

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd: 116
MAR 31 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0128
Date: 6-2-16
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>SANDRA JOHNSON OWEN</u>	Mailing Address: <u>1524 BOULEVARD PL. DULUTH MN 55811</u>	City/State/Zip: <u>DULUTH MN 55811</u>	Telephone: <u>715-742-3204</u>
Address of Property: <u>88455 SUPERIOR AVE</u>		City/State/Zip: <u>CORNUCORNIA WI 54827</u>	Cell Phone: <u>268-428-5610</u>
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: <u>1/4, 1/4</u>		Legal Description: (Use Tax Statement) <u>04-010-2-51-0634.100-348-06200</u>	Recorded Document: (i.e. Property Ownership) <u>VOLUME 1146</u> Page(s) <u>334</u>
Section <u>34</u> , Township <u>51</u> N, Range <u>6</u> W		Town of: <u>BELL</u>	Subdivision: <u>UTLAGE OF CORNUCORNIA</u>
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—Continue →		Distance Structure is from Shoreline: <u> </u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <u> </u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$20,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u> </u>
	<input checked="" type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u> </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>44</u>	Width: <u>20</u>	Height: <u>19</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>44</u> x <u>20</u>)	<u>880</u>
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>6</u> x <u>9</u>)	<u>36</u>
	with Loft	(<u>11</u> x <u>3</u>)	<u>33</u>
	with a Porch	(<u>6</u> x <u>9</u>)	<u>36</u>
	with (2 nd) Deck	(<u>11</u> x <u>3</u>)	<u>33</u>
	with (2 nd) Deck	(<u>6</u> x <u>9</u>)	<u>36</u>
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u>6</u> x <u>9</u>)	<u>36</u>
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>6</u> x <u>9</u>)	<u>36</u>
	Mobile Home (manufactured date) <u> </u>	(<u>6</u> x <u>9</u>)	<u>36</u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u> </u>	(<u>6</u> x <u>9</u>)	<u>36</u>
	Accessory Building (specify) <u> </u>	(<u>6</u> x <u>9</u>)	<u>36</u>
	Accessory Building Addition/Alteration (specify) <u> </u>	(<u>6</u> x <u>9</u>)	<u>36</u>
	Special Use: (explain) <u>RESIDENCE IN COMMERCIAL</u>	(<u>6</u> x <u>9</u>)	<u>36</u>
	Conditional Use: (explain) <u>200 RESIDENCE ON PROPERTY</u>	(<u>6</u> x <u>9</u>)	<u>36</u>
	Other: (explain) <u>CONVERSION</u>	(<u>6</u> x <u>9</u>)	<u>36</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sandra Johnson Owen Date 3/31/16
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Copy of Tax Statement Attach
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	25 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	25 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	130 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	40 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	15 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:		Municipal Pkt	
Permit #: <u>16-0188</u>		Permit Date: <u>6-8-16</u>		Village: <u>WPA</u>	
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record:					
Date of Inspection:	<u>5-11-16</u>	Inspected by:	<u>J. Cresswell, Murphy</u>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached)					
short term rental structure on property. structure is used for STR. Rental share for multiple rental units is applied for + approved.		Zoning District: <u>(C-1)</u>			
Signature of Inspector: <u>[Signature]</u>		Lakes Classification: <u>N/A</u>			
Date of Approval: <u>5-31-16</u>					
Hold For Sanitary: <input type="checkbox"/>	Hold For IBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>5-31-16</u>	

NOT BE THE CAUSE OF A VIOLATION OF THE NEIGHBORHOOD RESIDENTIAL PROPERTIES HEALTH DEPT LICENSE REQUIREMENTS.

ndra Johnson Owen

Legend

Feature 1

041334

GARAGE
APT.

HOUSE

Google earth

© 2010 Google

N

100 ft

**SUBMIT: COMPLETED APPLICATION
STATEMENT AND FEE TO:**
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 31 2016
Date Stamp (Reference)

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

TYPE OF PERMIT REQUESTED →	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY
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TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		King & Joyce Adams on			Mailing Address:		Telephone:	
Address of Property:		21025 Suskiwut Shores Drive			City/State/Zip:		Cell Phone:	
Contractor:		Randy Harckly			Contractor Phone:		Plumber Phone:	
Authorized Agent:		(Person Signing Application on behalf of Owner(s))			Agent Phone:		Written Authorization Attached	
PROJECT LOCATION		Legal Description: (Use Tax Statement)			PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)	
1/4, 1/4		Gov't Lot			CSM		Volume	
Section		Township			Range		Subdivision:	
N, Range		W			Town of		Lot Size	
Bel		330x170			Acreage		1.4	
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		<input type="checkbox"/> If yes---continue →			Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone?	
<input type="checkbox"/> Shoreland →		Distance Structure is from Shoreline: feet			227		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: feet			227		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water		
\$ <u>28,000</u>	New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City		
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	X Well		
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	X Sanitary (Exists) Specify Type: <u>None</u>	<input type="checkbox"/> _____		
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)			
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		X None	<input type="checkbox"/> Portable (w/service contract)			
	<input type="checkbox"/> _____	6 <u>6</u>			<input type="checkbox"/> Foundation	X <u>None</u>	<input type="checkbox"/> Compost Toilet	X <u>None</u>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 24'	Width: 24'	Height: 22'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
✗ Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>GARAGE AND STORAGE</u>	(24 X 24)	5760
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Municipal Use	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

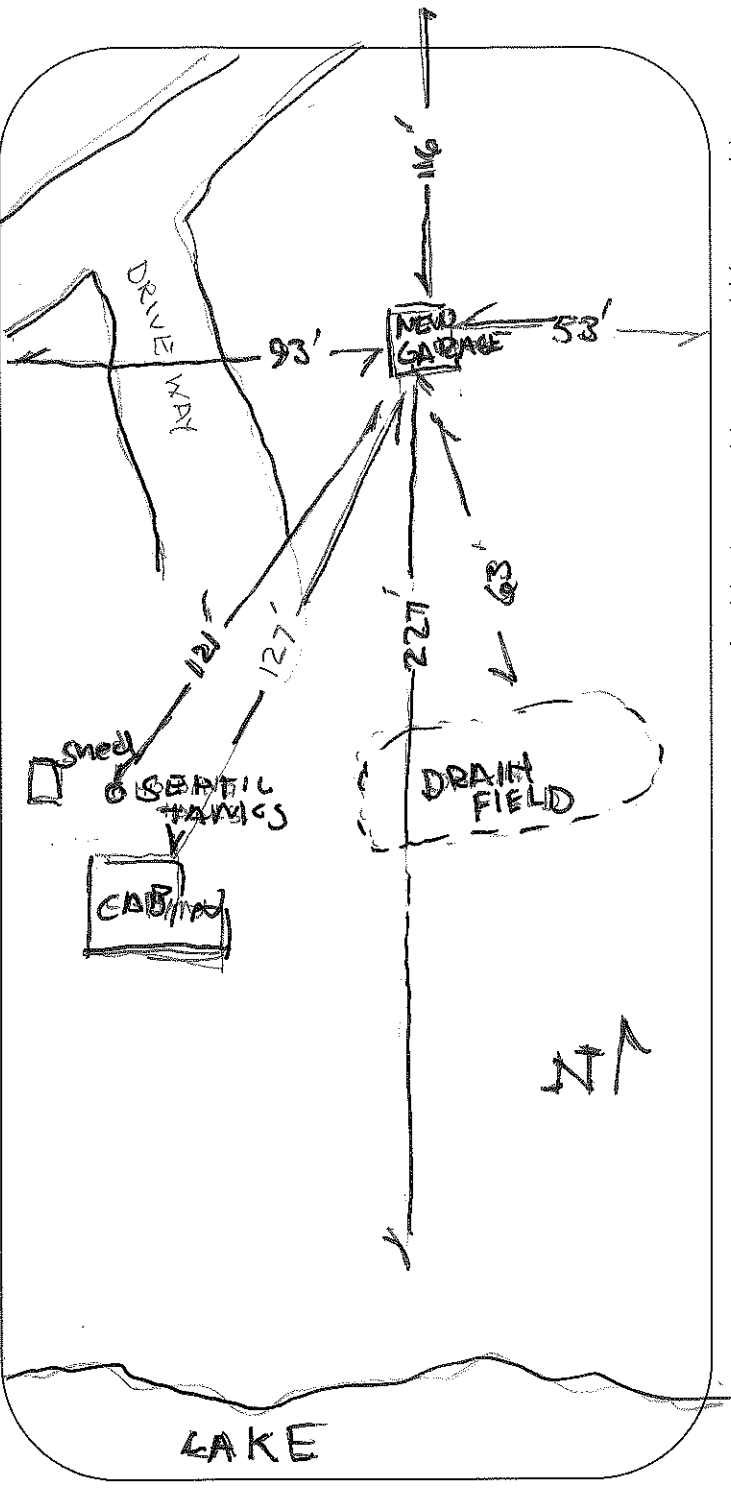
Owner(s): Kraig & Adamary Dreyer Adamson

Authorized Agent: _____

Address to send permit

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	116 Feet	Setback from the lake (ordinary high-water mark)	221 Feet
Setback from the Established Right-of-Way	58 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	105 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	227 Feet	Setback from Wetland	
Setback from the West Lot Line	293 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	53 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	121 Feet	Setback to Well	114 Feet
Setback to Drain Field	63 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-047		Permit Date: 6-8-16		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	owner present to represent property			
Date of Inspection: 6-7-16	Inspected by: [signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)		Date of Approval: 6-8-16		
Signature of inspector: [signature]		Date of Approval: 6-8-16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>